

## Seventy percent of country's FP practices closed to new patients: survey

What is being billed as the most comprehensive survey of family doctors ever conducted in Canada reveals a physician workforce that is stretched to the limit, if not beyond.

Results from the 2001 National Family Physician Workforce Survey, conducted this spring by the College of Family Physicians of Canada (CFPC), were released Oct. 25 during the college's annual meeting in Vancouver.

At a well-attended news conference, CFPC leaders stressed the main points of the mail-in poll, which was sent to all family doctors in Canada and attracted 14 319 responses (51.2%).

The survey reveals that:

- family physicians see an average of 124 patients a week during regularly scheduled clinical activity;
- family physicians spend an average of 53 hours a week on professional activities, not including on-call time;
- almost three-quarters provide some type of on-call services;
- only 30.2% are accepting new patients without restrictions;
- 67% report that there are moderate to severe problems accessing medical care in their communities, up 15% from a similar survey done in 1997;
- one-third have reduced their scope of practice in the past 2 years or plan to do so in the next 2 years.

Dr. Cal Gutkin, the college's executive director, said the survey findings show that the situation "has gone from bad to worse" for both family doctors and the health care system in general.

"The bottom line is there are not enough family physicians to meet patient needs," said CFPC President Donald Gelhorn, a family physician in Hudson Bay, Sask.

The incoming president, Dr. Dominique Tessier of Montreal, estimated that an additional 3000 family physicians are needed to meet current needs

and that unless the shortfall is addressed this number will double over the next 10 years.

In an interview, Dr. Nick Busing, chair of the survey steering committee, said he was not surprised by the findings. "None of the areas we are con-

cerned about are getting any better," he said, referring specifically to the increase in the number of family doctors expressing concern about patient access to appropriate services and to the increasing number of hours family doctors are working. — *Pat Rich, CMAJ*

### AMA: set standards, not user fees

Alberta's health minister wants the province to apply user fees now instead of waiting for reports from Roy Romanow's Commission on the Future of Health Care in Canada and Michael Kirby's Senate panel, but the head of the Alberta Medical Association (AMA) says what's really needed are health care standards.

Health Minister Gary Mar says Alberta needs to find new ways to fund health care and suggested a move to user fees or medical savings accounts. The issue has arisen, at least in part, because of the huge drop in oil prices following Sept. 11 — Alberta's financial situation is tied directly to oil industry revenue. On Oct. 18, the government announced spending cuts of \$1.26 billion. AMA President Robert Hollinshead agrees that the health care system is in desperate need of new revenue sources, but says these sources need to be structured to ensure consistent funding and access to care. "Canadians should insist upon predictability, and to do that standards should be defined. We need to define a standard for how long it takes to see a doctor if you've got progressive, disabling angina. Right now it's a free-for-all."

When standards are set, he added, funding levels must be maintained to prevent rationing. "Every time there is a downturn in the oil patch in our province, the government's knee-jerk response is to cut funding to health care," said Hollinshead. "If you close beds and operating rooms, you just make people wait even longer. Waiting lists are ridiculously long to see specialists in some disciplines."

His desire to set standards appeals to Christine Burdett, chair of Friends of Medicare, a lobby group that spearheaded campaigns against private-sector surgical services in Alberta a year ago. The group is dead set against user fees. "The government keeps bringing this up, and it's one area we've been successful in fighting against," she says. Burdett says financial efficiencies will be found in the way the system is operated, not funded. "Nothing Gary Mar is talking about has anything to do with making health care more cost-effective." — *Rich Cairney, Edmonton*



Mar (seated) with federal counterpart Allan Rock: user fees needed now